

**WISCONSIN EMPLOYMENT RELATIONS COMMISSION  
18 SOUTH THORNTON AVENUE  
P.O. BOX 7870  
MADISON, WI 53707-7870  
(608) 266-1381**

**REQUEST TO INITIATE GRIEVANCE ARBITRATION**

(Pursuant to Sec. 111.10 of WEPA or Sec. 111.70(4)(c)2 of MERA or Sec. 111.86 of SELRA)

1. **Requested by:**
- \_\_\_\_ Employee Organization
- \_\_\_\_ Employer
- \_\_\_\_ Joint
- EFFECTIVE 9/15/03, THE FILING FEE FOR EACH GRIEVANCE IS \$500 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN A REQUEST AND \$250 IS RECEIVED. AT THAT TIME THE OTHER PARTY IS BILLED BY THE WERC FOR THE REMAINING \$250.**

2. **Identity of Parties Involved:**

Employee Organization	Employer
Representative	Representative
Street/Mailing Address	Street/Mailing Address
City and Zip Code	City and Zip Code
Telephone Number	Telephone Number

3. **Nature of Grievance(s) Involved** \_\_\_\_\_

\_\_\_\_\_  
**(ATTACH A COPY OF THE GRIEVANCE, THE EMPLOYER'S RESPONSE THERETO AND THE ENTIRE COLLECTIVE BARGAINING CONTRACT INVOLVED)**

4. **Number of Employees Involved.** \_\_\_\_\_

5. **The requesting party(ies) request(s) the appointment or submission of one of the following to issue a final and binding arbitration award: (Check the appropriate line)**

\_\_\_\_ A WERC commissioner or staff member to serve as the sole arbitrator

\_\_\_\_ A WERC commissioner or staff member to serve as the chair of an arbitration board

\_\_\_\_ A panel of WERC commissioners/staff arbitrators (No. of panel members requested is \_\_\_\_)

\_\_\_\_ A panel of Ad Hoc arbitrators (No. of panel members requested is \_\_\_\_)

**(NO FILING FEE OR COLLECTIVE BARGAINING AGREEMENT REQUIRED)**

6. **Date this form mailed to the WERC** \_\_\_\_\_.